

Official Title: Comparison of Efficacy of Rifaximin, Probiotics and LOLA (L-Ornithine L-Aspartate) in Overt Hepatic Encephalopathy: A Randomized, Phase-IV, Lactulose Controlled Clinical Trial.

NCT number: not assigned yet

Date: 25 August 2023

CONSENT FORM

Title: Comparison of Efficacy of Rifaximin, Probiotics and LOLA (L-Ornithine L-Aspartate) in Overt Hepatic Encephalopathy: A Randomized, Phase-IV, Lactulose Controlled Clinical Trial.

Name of PI	Qurratulain Jamil
Participant name	
Screening ID number	

STATEMENT OF PERSON GIVING CONSENT:

1. I confirm that I have read the information sheet for the study above, or it has been explained to me in a language I am familiar with.
2. I have spoken with the doctor to my satisfaction, and I've had the chance to ask any questions I had.
3. I understand that my participation is completely voluntary. I have received sufficient information about the research study to decide whether I want to take part.
4. I understand that I have the freedom to withdraw at any time, without giving any explanation and that my medical care or legal rights will not be compromised.
5. I am aware that I will receive a copy of this consent form and the information sheet to keep for my records.
6. I understand that the study staff might look into some of my medical records and I give them permission to do so.
7. I am aware that my data will be available to the public with all personal information omitted.
8. I agree to a copy of this consent form which includes my personal information being made available to Department of Pharmacy Practice, Faculty of Pharmacy, The Islamia University of Bahawalpur for the purpose of monitoring only.
9. I consent to participate in the study mentioned above.

Name of patient

Date

Signature/ thumbprint or other mark (if unable to sign)

Name of witness

Date

Signature

(witness if patient is unable to read or write)

STATEMENT OF PERSON OBTAINING INFORMED CONSENT

I have provided a detailed explanation of this research to the participant, including the risks and benefits to make an informed decision.

Name

Date

Signature